



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

REGISTRAR OF VOTERS

File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2014 JAN 21 P 2:48

CITY OF MEDFORD

12/31/13

**Fill in dates:**

Reporting Period Beginning 10 19 2013 Ending January 21 2014

**Type of report: (Check one)**

8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

Robert L. Cappucci  
Full Name of Candidate (if applicable)  
Medford City Council  
Office Sought and District Medford  
71 Evans St. MA 02155  
Residential Address  
Tel. No. (optional)

\_\_\_\_\_  
Committee Name  
\_\_\_\_\_  
Name of Committee Treasurer  
\_\_\_\_\_  
Committee Mailing Address  
\_\_\_\_\_  
Tel. No. (optional)

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$	<u>71.39</u>
Line 2: Total receipts this period (page 2, line 11)	\$	<u>21.11</u>
Line 3: Subtotal (line 1 plus line 2)	\$	<u>92.50</u>
Line 4: Total expenditures this period (page 3, line 14)	\$	<u>92.50</u>
Line 5: Ending balance (line 3 minus line 4)	\$	<u>0</u>
-----		
Line 6: Total in-kind contributions this period (page 4)	\$	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$	<u>0</u>
Line 8: Name of bank(s) used		<u>N/A</u>

**Affidavit of Committee Treasurer:**

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Treasurer's signature (in ink)

Date

### FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

**Affidavit of Candidate: (check 1 box only)**

Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

Date

Robert L. Cappucci Jr

January 21, 2014

**SCHEDULE A: RECEIPTS**

*M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.*

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
Line 9: Total receipts in excess of \$50 (or listed above)				
Line 10: Total receipts \$50 and under* (not listed above)		92	.10	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		92	.50	Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.



**SCHEDULE C: "IN-KIND" CONTRIBUTIONS**

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	②

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

**SCHEDULE D: LIABILITIES**

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	②



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165 Middlesex Ave.  
SOMERVILLE, MA 02145  
(617) 623-7980

SALE 1517705 8 003 07456  
1715 10/12/13 02:28

\*\*\*\*\*

YOUR OPINION COUNTS AND WILL BE REVIEWED  
BY THIS STORE'S MANAGER!

Please take a short survey  
and be entered into a monthly drawing  
for a \$5,000 Staples gift card.  
NO PURCHASE NECESSARY.

Log on to [www.StaplesCares.com](http://www.StaplesCares.com)  
or call 1-800-881-1723

Your survey code: 0100 3665 4721 2900  
See store for rules.

Survey code expires 10/19/2013.

\*\*\*Tome nuestra encuesta en Español en  
la página de Internet o por telefono.  
Consiga las reglas en la tienda.\*\*\*

\*\*\*\*\*

QTY	SKU	PRICE
	REWARDS NUMBER 2823898248	
1	FOAMBOARD 30X40 WH 079946148367	7.79
1	PERMANENT GLUESTIC 071709001643	2.99
1	4IN ITALIC READY L 078628027037	6.79
1	4IN ITALIC READY L 078628027020	6.79
SUBTOTAL		24.36
Standard Tax 6.250%		1.52
TOTAL		\$25.88

Cash 40.00

Cash Change 14.12

TOTAL ITEMS 4

Save with Staples Brand products,  
the most trusted brand in office products.

THANK YOU FOR SHOPPING AT STAPLES !

Shop online at [www.staples.com](http://www.staples.com)

From laptops and tablets to snacks,  
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444 Broadway (Route 1)  
Saugus, MA 01906  
(781) 231-6860

SALE 1669077 8 003 03471  
0051 08/10/13 02:33

QTY	SKU	PRICE
1	WINDOW PAINT MARKE 039956981750	3.99
1	4IN ITALIC READY L 078628027037	6.79
1	4IN ITALIC READY L 078628027020	6.79
1	FOAMBOARD 30X40 WH 079946148367	7.79
SUBTOTAL		25.36
TOTAL		\$25.36

Cash 26.00

Cash Change 0.64

TOTAL ITEMS 4

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in store or online.





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165 Middlesex Ave.  
SOMERVILLE, MA 02145  
(617) 623-7980

SALE	1517705 8 003 96604	
	1715 08/17/13 01:19	
QTY SKU		PRICE
	REWARDS NUMBER 2823898248	
1	STAPLES 100CT PUSH 718103010313	1.99
1	1IN GLITTER BLUE/R 039956981521	6.99
1	STAPLES INVSBL TAP 718103094672	4.49
1	FOAMBOARD 11X14 BL 079946048896	4.99
SUBTOTAL		18.46
	Standard Tax 6.250%	1.15
TOTAL		\$19.61
Cash		20.00
Cash Change		0.39
	<b>TOTAL ITEMS 4</b>	

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Rewards member, you will get 5% back  
on it all, no matter how you shop -  
in store or online.



1 7 1 5 0 8 1 7 1 3 9 6 6 0 4 0 3



More saving.  
More doing.<sup>SM</sup>

75 MYSTIC AVE.  
SOMERVILLE, MA 02145 (617)623-0001

2667 00002 68870 10/12/13 02:42 PM  
CASHIER DAVID - DXR4351

0000-596-019 D-21 CULL <A,U> 0.51  
D-21 CULL LUMBER

SUBTOTAL	0.51
SALES TAX	0.03
TOTAL	\$0.54
CASH	1.00
CHANGE DUE	0.46

<U> - NON-DISCOUNTABLE ITEM



2667 02 68870 10/12/2013 6283

RETURN POLICY DEFINITIONS  
 POLICY ID DAYS POLICY EXPIRES ON  
 A 1 90 01/10/2014  
 THE HOME DEPOT RESERVES THE RIGHT TO  
 LIMIT / DENY RETURNS. PLEASE SEE THE  
 RETURN POLICY SIGN IN STORES FOR  
 DETAILS.

BUY ONLINE PICK-UP IN STORE  
AVAILABLE NOW ON [HOMEDEPOT.COM](http://HOMEDEPOT.COM).  
CONVENIENT, EASY AND MOST ORDERS  
READY IN LESS THAN 2 HOURS!

\*\*\*\*\*

ENTER FOR A CHANCE  
TO WIN A \$5,000  
HOME DEPOT GIFT  
CARD!

Share Your Opinion With Us! Complete  
the brief survey about your store visit  
and enter for a chance to win at:

[www.homedepot.com/opinion](http://www.homedepot.com/opinion)

COMPARTA SU OPINION EN UNA BREVE  
ENCUESTA PARA LA OPORTUNIDAD DE GANAR.

User ID:  
140696 138031

Password:  
13512 138029

Entries must be entered by 11/11/2013.  
Entrants must be 18 or older to enter.  
See complete rules on website. No  
purchase necessary.



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 165 Middlesex Ave.  
 SOMERVILLE, MA 02145  
 (617) 623-7980

SALE 1682141 2 002 70227  
 1715 11/04/13 08:06

\*\*\*\*\*

YOUR OPINION COUNTS AND WILL BE REVIEWED  
 BY THIS STORE'S MANAGER!

Please take a short survey  
 and be entered into a monthly drawing  
 for a \$5,000 Staples gift card.  
 NO PURCHASE NECESSARY.  
 Log on to [www.StaplesCares.com](http://www.StaplesCares.com)  
 or call 1-800-881-1723  
 Your survey code: 0100 7112 0805 2516  
 See store for rules.  
 Survey code expires 11/11/2013.  
 \*\*\*Tome nuestra encuesta en Español en  
 la página de Internet o por telefono.  
 Consiga las reglas en la tienda.\*\*\*

\*\*\*\*\*

QTY	SKU	PRICE
	REWARDS NUMBER 2823898248	
1	STAPLES DUCT TAPE 718103468381	8.79
1	POSTERBOARD 22X28 718103058513	5.79
1	SHARPIE CHISEL TIP 071641382541	5.29
	SUBTOTAL	19.87
	Standard Tax 6.250%	1.24
	TOTAL	\$21.11
	Cash	21.25
	Cash Change	0.14
	<b>TOTAL ITEMS</b>	<b>3</b>

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